PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1994

Application or Docket Number

479 997

CLAIMS AS FILED - PART I (Column 1) (Column 2) FOR NUMBER FILED NUMBER EXTRA							SMALL ENTITY			OTHER THAN SMALL ENTITY	
		MOMBEY LIFFD		NUMBER EXTRA			RATE	FEE	7	RATE	FEE
BASIC FEE							A	365.00	OR		730.0
TOTAL CLAIMS			minus 20 =	*			x\$11=		1		
INDEPENDENT CLAIMS			minus 3 = *				x38=	1	OR	-	
NULTIPLE DEP	PENDENT CLAIM	PRESENT					 		OR	x76=	
If the difference in column 1 is less than zero, enter "0" in column 2							+120=		OR	+240=	1
	01 41110						TOTAL		OR	TOTAL	730
۰	(Column	AS AMEND		RT II Ilumn 2)	(Cal.,					ОТН	ER THAN
	CLAIMS REMAINI		950000000	HEST	(Column 3)	היר	SMAL	L ENTITY	OR	SMAL	L ENTITY
	AFTER AMENDME		PRE\	MBER /IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total	1 43 nt 2	Minus	1.2)	= 23	+[x\$11=		OR	x\$22=	506.0
FIRST PE		.m ©				11	x38=	, , , , , , , , , , , , , , , , , , ,	OR	x76=	
1	ESENTATION	OF MULTIP	LE DEPEN	DENT CL	AIM		+120=		OR	+240=	
	(Column 1)		(Colu	ımn 2)	(Column 3)	AD	TOTAL DIT. FEE		OR A	TOTAL ADDIT. FEE	506.00
	CLAIMS REMAINING AFTER AMENDMEN		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	;n	RATE	ADDI- TIONAL
Total	1. 12	Minus	** 4	51	= 15		k\$11=	330	OR	x\$22=	FEE
Independen	3	Minus	*** 2	3	= -		x38=		OR	x76=	
FIRST PRE	SENTATION (OF MULTIPLE	E DEPEND	ENT CLA	IM		120=		- }		
*	(Column 1)		(Colur	nn 2)	Pd (Column 3)	_	TOTAL DIT. FEE	330	. L	+240= TOTAL	
	CLAIMS REMAINING AFTER AMENDMEN	1 1 1 1 3 3	HIGH NUMI PREVICE PAID I	EST BER DUSLY	PRESENT EXTRA			ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total	• 2	Minus	**				\$11=	<u> </u>	F	005	766
independent	*	Minus	***			-		·	F	₹22=	
FIRST PRES	SENTATION O	F MULTIPLE	DEPENDE			×	38=		OR	x76=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM the entry in column 1 is less than the entry in column 2, write "0" in column 3. the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."							20=	(OR +	-240=	
ha Highant Numb	ber Previously Pa ber Previously Pa er Previously Paid		S STACE IS I	ase than 20	Antor TOO R	ADDI	TOTAL		OR	TOTAL DIT. FEE	